

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 11333-38								
CERTIFICATE OF ELECTRONIC FILING <p>I hereby certify that this correspondence is being filed electronically with the U.S. Patent and Trademark Office on the below date:</p> <p>Date <u>December 16, 2010</u></p> <p>Signature: <u>/Jasper W. Dockrey/</u></p> <p>Typed or printed Name <u>Jasper W. Dockrey, Reg. No. 33,868</u></p>	In re Application of: Yasuyuki Kawashima									
	Application No.	Filed								
	<u>10/821,732</u>	April 8, 2004								
	For METHODS FOR MEASURING BACTERIA, BACTERIA MEASURING APPARATUSES, AND STORAGE MEDIA FOR STORING COMPUTER-EXECUTABLE PROGRAMS FOR ANALYZING BACTERIA									
Art Unit 1657	Confirmation No. 1524	Examiner Kailash C. Srivastava								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.										
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>540.00</u>								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$_____</u> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-1925</u> . <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am the: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Applicant/Inventor. </td> <td style="width: 70%; text-align: right; vertical-align: bottom;"> <u>/Jasper W. Dockrey/</u> <small>Signature</small> </td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. <small>(Form PTO/SB/96)</small> </td> <td style="text-align: right; vertical-align: bottom;"> <u>Jasper W. Dockrey</u> <small>Typed or Printed Name</small> </td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;"> <input checked="" type="checkbox"/> Attorney or agent of record. <small>Registration No. <u>33,868</u>.</small> </td> <td style="text-align: right; vertical-align: bottom;"></td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;"> <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. <small>Registration No. if acting under 37 CFR 1.34. _____</small> </td> <td style="text-align: right; vertical-align: bottom;"> <u>December 16, 2010</u> <small>Date</small> </td> </tr> </table>			<input type="checkbox"/> Applicant/Inventor.	<u>/Jasper W. Dockrey/</u> <small>Signature</small>	<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. <small>(Form PTO/SB/96)</small>	<u>Jasper W. Dockrey</u> <small>Typed or Printed Name</small>	<input checked="" type="checkbox"/> Attorney or agent of record. <small>Registration No. <u>33,868</u>.</small>		<input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. <small>Registration No. if acting under 37 CFR 1.34. _____</small>	<u>December 16, 2010</u> <small>Date</small>
<input type="checkbox"/> Applicant/Inventor.	<u>/Jasper W. Dockrey/</u> <small>Signature</small>									
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. <small>(Form PTO/SB/96)</small>	<u>Jasper W. Dockrey</u> <small>Typed or Printed Name</small>									
<input checked="" type="checkbox"/> Attorney or agent of record. <small>Registration No. <u>33,868</u>.</small>										
<input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. <small>Registration No. if acting under 37 CFR 1.34. _____</small>	<u>December 16, 2010</u> <small>Date</small>									
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input type="checkbox"/> *Total of <u> </u> form is submitted.										

*Total of form is submitted.